

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: John Dennis CLARK) I hereby certify that this paper is) being deposited with the United
Serial No.: 10/662,567	 States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Filed: 9/15/2003	 Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:
For: "Methods and Apparatus for	j
Monitoring and Conditioning Strip Material") May 3, 2006
	mex. Harry
Group Art Unit: 3725) Mark G. Hanley) Registration No.: 44,736
Evaminer: Daniel C. Crane	Attorney for Applicant(s)

AMENDMENT TRANSMITTAL WITH PETITION FOR EXTENSION OF TIME

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is a response to the Office action pending in the above

application.

05/10/2006 CNGUYEN 00000018 10662567 02 FC:2251

60.00 Op

1.	Small	Entity	Status
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Verified statement(s) claiming small entity status is(are) attached
Small entity status has been established and is still effective.
Has not been established.

2. Extension of Time

This is a petition for an extension of time under 37 CFR 1.136 for the total number of months checked below:

EXTENSION (Months)	FEE FOR LARGE ENTITY	FEE FOR SMALL ENTITY	
One Month	\$120.00	X	\$60.00
Two Months	\$450.00		\$225.00
Three Months	\$1020.00		\$510.00
Four Months	\$1,590.00		\$795.00
Fifth Month	\$2,160.00		\$1,080.00

If an additional Extension of Time is required, please consider this a petition therefor.

An extension for month(s) has already been secured and the fee paid therefor of \$\\$ is deducted from the total fee due for the total months of extension now requested.

Deduction: \$0.00

Extension Fee: \$60.00

Extension Fee Due With This Request \$60.00

3. Fee for Claims

☑ The fee for additional claims [(37 CFR 1.16(b)-(d)] has been calculated as shown below:

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest No. Previously Paid For		Present Extra	Rate	Additional Fee	Rate	Additional Fee
TOTAL	59	MINUS	76	= 0	x25=	\$	x50=	\$0
INDEP.	9	MINUS	11	= 0	x100=	\$	x200=	\$0
First Pres	entation of Multi	ple Depende	nt Claim	!	+180=	\$	+360=	\$
TOTAL	ADDITIONAL	FEE				\$	OR	\$0

4. Method of Payment of Fees

Attached is a check in the amount of (\$60 fee for one-month	extension of time
and \$395 fee for a Request for Continued Examination):	\$455.00

Charge Deposit Account No. 50-2455	
in the amount of:	\$

A copy of this Transmittal is enclosed.

5. Deposit Account and Refund Authorization

The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17 to Deposit Account No. 50-2455. A copy of this Transmittal is enclosed.

Please refund any overpayment to Hanley, Flight & Zimmerman, LLC at the address below.

Respectfully submitted,

HANLEY, FLIGHT & ZIMMERMAN, LLC USPTO Customer Number 34431 20 North Wacker Drive Suite 4220 Chicago, Illinois 60606 (312) 580-1020

By:

Mark G. Hanley

Registration No.: 44,736